Erie County Code of Ethics Employee Disclosure Form

Every employee of the county of Erie, other than those person required to make annual financial disclosures under Local Law #4 of 1994, shall file, within ten days of taking office, or within ten days of appointment to a position of employment with Erie county, and annually on the **fifteenth day of May in every year**, the following disclosure statement:

NAME:POSITION:	File this form with your department head. <u>Every section must be filled out</u> . If you have no employment or interest to disclose, write "NOT APPLICABLE" in the first line of that section			
POSITION: DEPARTMENT: WORK: ADDRESS: HOME ADDRESS: WORK TELEPHONE: 1. State every employment for pay which you hold, whether full time or part time, or than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: BUSINESS NAME: ADDRESS: TELEPHONE: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	NAME			
DEPARTMENT: WORK: ADDRESS: HOME ADDRESS: WORK TELEPHONE: 1. State every employment for pay which you hold, whether full time or part time, or than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: BUSINESS NAME: ADDRESS: TELEPHONE: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	POSIT	POSITION:		
WORK: ADDRESS: HOME ADDRESS: WORK TELEPHONE: HOME TELEPHONE: HOME TELEPHONE: 1. State every employment for pay which you hold, whether full time or part time, or than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: 2. State the name of any firm or partnership of which you are a member: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	DEPARTMENT:			
HOME ADDRESS: WORK TELEPHONE: HOME TELEPHONE: HOME TELEPHONE: State every employment for pay which you hold, whether full time or part time, or than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: State the name of any firm or partnership of which you are a member: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	WORK	VORK: ADDRESS:		
1. State every employment for pay which you hold, whether full time or part time, or than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	HOME ADDRESS:			
than your employment with the County of Erie: EMPLOYER: ADDRESS: TELEPHONE: POSITION HELD: TYPICAL WORK HOURS: 2. State the name of any firm or partnership of which you are a member: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	WORK	TELEPHONE: HOME TELEPHONE:		
ADDRESS:	1.	State every employment for pay which you hold, whether full time or part time, other than your employment with the County of Erie:		
ADDRESS:	EMPL	OYER:		
POSITION HELD: TYPICAL WORK HOURS: 2. State the name of any firm or partnership of which you are a member: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	ADDR	SS:		
2. State the name of any firm or partnership of which you are a member: BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	TELEP	HONE:		
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BUSINESS NAME: ADDRESS: TELEPHONE: NATURE OF BUSINESS:	TYPICA	L WORK HOURS:		
ADDRESS: TELEPHONE: NATURE OF BUSINESS:	2.	State the name of any firm or partnership of which you are a member:		
ADDRESS: TELEPHONE: NATURE OF BUSINESS:	BUSIN	ESS NAME:		
NATURE OF BUSINESS:	ADDR	:SS:		
NATURE OF BUSINESS:	TELEP	lone:		
TYPICAL HOURS OF WORK:	NATU	RE OF BUSINESS:		
	TYPIC	L HOURS OF WORK:		

3.	State any self-employment or business of which you own or operate personally:		
BUSINE	BUSINESS NAME:		
	ADDRESS:		
TELEPH	TELEPHONE:		
NATUR	NATURE OF BUSINESS:		
TYPICAL HOURS OF WORK:			
4.	State the Name of corporation in which you, your spouse or your minor children hold five per cent or more of the stock:		
CORPO	RATE NAME:		
ADDRE	SS:		
TELEPH	ONE:		
NATUR	E OF BUSINESS:		
POSITION	ON WITH CORPORATION:		
I file this statement pursuant to Section 8 of the Erie County Code of Ethics. Any false statement or failure to provide required information shall be punishable under the laws prohibiting filing of a false statement.			
	Cionatura Data		
	Signature Date		
Such disclosure form shall be filed with the department head or other person appointing the officer or employee, and shall be held in the permanent personnel record of the employee or officer. Such record shall be made available to the Erie county board of ethics at any time, upon request of the board.			